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ABSTRACT

The author presents a summary of various major health interest studies conducted with college-level students during the period 1921-1977, and discusses the possibilities for using these results in curriculum planning in health education. Studies cited include: Nemir (1965), Oberteuffer (1927), Rocks (1935), Kitzinger (1950), Humphrey (1952), Stiles and Watson (1955), Lantagne (1952), Whitley (1957), Pangle (1959), Engs (1970), and Goodrow (1977). Identified as trends emerging from these studies were (1) a concentration on exercise and physical fitness during the war years, (2) emphasis on alcohol, tobacco, and drugs from the fifties through the seventies, and (3) an increasing concern with environmental influences through the seventies. It was felt that the identification of interest areas could provide the professional health educator with help in planning curricula to meet current health concerns and in this manner might aid in the establishment of more healthy behavior patterns and a better standard of living. (MJB)

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THE CHANGING HEALTH INTERESTS OF COLLEGE STUDENTS

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Health is frequently defined or described in a variety of ways. Health is considered by Williams as;

> . . .the quality of life that renders the individual fit to live most and to serve best. It is the value to think of health as that condition of the individual that makes possible to highest enjoyment of life, the greatest constructive work, and that shows itself in the best service to the world. . . Health as freedom from disease is a standard of mediocrity, health as quality of living is a standard of inspiration and increasing achievement.

The World Health Organization defined health as "a state of complete physical, mental, and social well being and not merely the absence of disease or infirmity."[2]

Health involves every aspect of life. Therefore, the scope of health education which is defined as follows is broad:

> A process with intellectual, psychological, and social dimensions relating to activities which increase the abilities of people to make informed decisions affecting their personal, family, and community well being. This process, based on scientific principles, facilitates learning and behavioral change in both health personnel and consumers, including children and youth.[3]

This many diversified areas of learning may be included within a health education curriculum. How then, may the health educator select content to be included in the health education curriculum?

Nemir has suggested that the selection of content of a health education curriculum should be determined by many

factors. Some of these factors include:

1. The physical, emotional, social, and intellectual needs of children.
2. The health interests of children.
3. The personal experiences of children.
4. The capacities and levels of comprehension of children at each age level.
5. The health needs of the nation, state, community, and school.
6. The objectives of health education.
7. The knowledge available from the health and behavioral sciences.
8. The contributions of specialist in health education.
9. The background and experiences of the teacher.[4]

As Nemir has indicated, the health interests are just one of several considerations in the planning of a health education curriculum. Following are the results of the major college students health interest studies, 1921--1977.

Health Interest Studies

Oberteuffer in 1927 requested 252 students to select any five ideas or groups of ideas that appealed to them as being more valuable, and also that they identify the most valuable ideas gained from a course in college health. Oberteuffer indicated that the most frequently listed five valuable ideas included:

1. The hygiene of the nervous system, including rational thinking, worry, open mindedness, etc.
2. The hygiene of nutrition, balanced diet, habits of eating, food fads, etc.
3. Importance and nature of physical activity, value of postural ptosis, etc.
4. Nostrums and quackery, patent medicine, irregularities in medical practice, cults, etc.

5. Hygiene of the sex life, intelligence as control versus instincts, etc.[5]

The single most valuable ideas included:

1. The hygiene of the nervous system.
2. The value and importance of physical activity.
3. The meaning of health.
4. The hygiene of nutrition, balanced diet, etc.
5. Nostrums and quackery, healing cults, medicines, etc.
6. Hygiene of excretion, care of the skin, kidney, etc.
7. Prevention of disease.
8. Hygiene of circulation.
9. Intelligence and ideas.
10. Hygiene of the sex life.
11. Fallacy of self diagnosis.
12. The health problems from public health.
13. Prevention of colds.[6]

Oberteuffer recorded questions raised about matters of health by 2,400 college men at the University of Oregon and Columbia University, 1925--1929. He organized the questions into the following interest groups, but he did not rank any particular area as being most important. These groups included:

1. Mental Health.
2. Physical Activity.
3. Nutrition and Digestive System.
4. Professional Health Services.
5. Circulation and Prevention of Disease.
6. Sex and Reproduction.
7. Skin and Hair.
8. Respiration, Mouth, Eyes, Ears, and Teeth.
9. Elimination.
10. Tobacco, Alcohol, and Drugs.
11. Rest and Fatigue.
12. Endocrine.
13. Heredity.[7]

He indicated that little analysis of the questions were

possible since the questions represent a broad range of interests, with the students desiring basic health information. In some situations Oberteuffer indicated that students are unwilling to express problems in public.

A questionnaire was constructed by Rooks in 1935 to determine the health interest and needs of college students. The questionnaire included twenty-three specific areas of personal health, as well as, listing nineteen medical disorders, was administered to 639 students. Rooks found that the students indicated the greatest interest in sex hygiene, care of the eyes, dental and mouth hygiene, accident prevention and first aid, exercise, rest and health, and maternal hygiene. The students also indicated interest in the following diseases: syphillis, tuberculosis, gonorrhea, infantile paralysis, typhoid fever, and diphtheria.[8]

Kitzinger in 1950 listed topics in health education for 500 college freshmen at San Diego State College to rate. She found that the students were primarily interested in:

> . . . mental health, and family life; they were considerably interested in alcohol and tobacco, venereal disease, tuberculosis, cancer, heart disease; they were decidedly not interested in nutrition, but recognized a certain need for studying it. They definately wanted nothing to do with safety, posture, physical activity, recreation, sleep and rest.[9]

The Byrd Health Inventory was used by Lantagne in 1951 to determine the health interests of 1,000 junior college students in California. The Byrd Health Inventory was

established by selecting health problems from over 10,000 health articles in leading medical and public health journals. From the articles analyzed, twenty-one major health problem areas were chosen which contained 300 specific health problems of varying significance. Lantagne found that the students indicated a greater interest in habit forming substances, mental health, family health, health as a social problem, safety, and care of the special organs.[10]

Humphrey in 1952 requested sixty men enrolled in a course of personal and community hygiene to list three problems of greatest interest to them. From this list of twenty classifications Humphrey further developed a check list for the men to evaluate their health interests. Humphrey found when problems were indicated by the use of the free writing technique, the students were most interested in nutrition and foods; communicable diseases; exercise, sleep rest; sex education; narcotics and stimulants and; mental hygiene. From the checklist, the students indicated a greater degree of interest in sex education; communicable diseases; nutrition and foods; care of sense organs; home hygiene; exercise, sleep, rest; and heart disease.[11]

A special interest test was devised by Stiles and Watson in 1955 in the area of public health. The test contained twenty-five items, and the questions included broad topics

of interest in personal and community health. It was administered to 2,112 students enrolled in an elementary public health course at the University of California. Conclusions from the study indicated:

> . . .that the questions of greatest interest to the students were those dealing with afflications of the individual. . .The fields of physiology, bacteriology, entomology, and environmental sanitation were of moderate interest. Statistics and the history of public health had but little appeal, while community problems and the administrative programs for their solution were at the bottom of the list.[12]

Lantagne in 1956 reported on an analysis of the interests of 4,000 college students in the area of marriage and parenthood. Lantange constructed a sixty item questionnaire after reviewing textbooks, periodicals, and course outlines. As a result of the survey, the following items of interest were found:

> There were considerable variance in the degree of indicated interest which ranged from a 67 per cent response to the item of greatest interest--Parent Child Relationships--to an 18 per cent response to the topic of least interest--Chronic and Degenerative Diseases. . .
> The second and third items of greatest interest were Normal Sex Relations and Happiness within the Home and Family with 65 per cent and 64 per cent responses, respectively. . .
> The fourth and fifth items of greatest interest were Mental Adjustments in Marriage and Religion and Marriage, with responses of 61 per cent and 59 per cent.[13]

A study involving 550 selected students was carried out by Whitley in 1957 to determine the health interests of college students. He utilized both a questionnaire and a personal interview in gathering his data. Content for the questionnaire was selected after a careful analysis of five college level personal and community health textbooks.

The final check list was composed of fourteen major health problem areas and 134 subproblem areas. Whitley's results indicated that the students were most interested in preparation for marriage, family living, your personal health, developing mental health, prevention and control of communicable disease, first aid and home nursing, understanding depressants and stimulants, and understanding chronic and degenerative diseases.[14]

Pangle in 1959 experimented with a method of scoring interests utilizing individual ranking of topics and the assignment of specific values. Students were requested to rank seventeen topics. The final rank of each area was determined by a combination of value scores and the number of students expressing an interest in the area. Results of the initial test of 457 college students indicated that the greatest interests were in the areas of emotional health, heredity, family living, personal health, depressants and stinulants, and exercise and rest.[15]

In 1964, Garrett and Pangle[16] conducted an interest study to replicate Pangle's previous study, and to determine to what extent students' interests had changed over the intervening five year time period. They found that the health interests of the college students were relatively stable.

Webster in 1966 constructed a health interest inventory after reviewing twenty-two college health education textbooks published from 1952--1964, seven health interest questionnaires and inventories, and three course outlines. The inventory consistening of 100 items was administered to 956 college freshmen. Webster found that the students were more interested in sex education and family life; personality and mental health; alcohol, tobacco, and drugs; exercise and health; and communicable, chronic, and degenerative diseases.[17]

Fast during the time period 1948 to 1969 found that high school students and college students showed greater interest in the areas of marriage and family, habit forming substances, safety, and mental health[18] as selected from twenty areas of health.

Karren in 1970 administered a health interest instrument to six sections of a health education course. The results of the analyzed data indicated that the major health interests included marriage and the family, stimulants and depressant, and chronic and degenerative diseases.[19]

Burhans in 1972 utilized a descriptive survey method of the interview and inventory forms in determining the health interests of one hundred college students. These students indicated greatest interests in human sexuality, mental health, and environmental health, and lesser interests in nutrition, marriage and physical fitness.[20]

The Engs-Smith health concern questionnaire was used by Goodrow in 1976 to determine the health concerns of college students at Western Kentucky University. Goodrow found that the students were most interested in the areas of cancer, what I'll be like in 10-15 years, water pollution, smoking and disease, air pollution, and birth control.[21]

Discussion

In reviewing interest studies of college students, 1926-1976, several interesting trends may be noted. As indicated in most of the studies, the students were interested in various forms of mental health, family life, and various chronic and communicable diseases in all time periods. However certain socio/economic/cultural factors can influence students interests as indicated by the emphasis on exercise and physical fitness during the war years, emphases on alcohol, tobacco and drugs from the fifties through the seventies during which a drug culture existed, and the increasing emphasis of environmental concerns in the seventies as people are concerned about their immediate environment.

The identification of interest areas can provide the professional health educator in planning curriculum to meet the current health concerns of the population they are serving. In this manner, perhaps, more healthy behavior patterns might be established, leading to a healthier standard of living.

FOOTNOTES

[1]Williams, J.F., Personal Hygiene Applied, (Philadelphia: W.B. Saunders, Co., 1934), p. 28.

[2]"Report of the Joint Committee on Health Education Terminology," School Health Review, 4:28, November-December, 1973.

[3]Nemir, A., The School Health Program, (Philadelphia: W.B. Saunders, Co., 1965), p. 305.

[4]Oberteuffer, D., "Interests of College Freshmen in Hygiene," The Nations Health, 9:48, July, 1927.

[5]Ibid., p. 49.

[6]Oberteuffer, D., Personal Hygiene for College Students, (New York: Columbia University Press, Teachers College, 1930), pp. 21-60.

[7]Ibid., p. 60.

[8]Rooks, R., "The College Freshman's Knowledge of and Interest in Personal Hygiene," Research Quarterly Supplement, 6:79, October, 1935.

[9]Kitzinger, A., "Sans Blood and Bones," Journal of Health, Physical Education and Recreation, 21:29-30, September, 1950.

[10]Lantagne, J.E., "Analysis of Health Interests of 1,000 Junior College Students in California," Junior College Journal, 21:429-433, April, 1951.

[11]Humphrey, J., "Health Problems of Interest to College Men," Research Quarterly, 23:323, October, 1952.

[12]Stiles, W., and Watson, L., "Public Health Interests of College Students," Journal of School Health, 25:28, October, 1955.

[13]Lantagne, J.E., "Comparative Analysis of Items of Interest in Marriage and Parenthood of 4,000 Students in Junior and Senior Colleges," Research Quarterly, 27:194-205, May, 1952.

[14]Whitley, W., "Health Interests of Selected College Students," unpublished H.E.D. Dissertation, Indiana University, 1957, p. 62.

[15]Pangle, R., "Health Interests and a Method of Appraisal," Journal of School Health, 30:12-14, January, 1959.

[16]Garrett, L., and Pangle, R., "Health Interests After Five Years," Journal of School Health, 26:42-43, January, 1966.

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[20]Engs, R., "The Health Concerns of College Students Enrolled in the Spring Term 1970 Personal Health Course at the University of Oregon," unpublished M.S. thesis, University of Oregon, 1970, 79pp.

[21]Burhans, L., "An Appraisal of Health Interests of Selected College and University Students," unpublished M.P.H. thesis, University of California, Los Angeles, 1972, 173pp.

[22]Goodrow, B., "Does Time Change the Health Concerns of College Students," Health Education, 8:35, May-June, 1977.